



OPERATORS ARE ASKED TO COMPLETE THE FOLLOWING FORM AND HELP
IMPROVE COMPLIANCE IN THE COIN-OPERATED AMUSEMENT DEVICE INDUSTRY.

MASTER LICENSE & STICKER REPORT

Address of unregistered machine: _____

Name of business: _____

Contact: _____

Phone: _____

Owner of machine (if known): _____

Street Address/Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Other relevant information on violation known: _____

MASTER LICENSE & STICKER REPORT

Address of unregistered machine: _____

Name of business: _____

Contact: _____

Phone: _____

Owner of machine (if known): _____

Street Address/Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Other relevant information on violation known: _____

Please mail completed forms to:

Tennessee Department of Revenue
Taxpayer and Vehicle Services Division
500 Deaderick Street
Nashville, Tennessee 37242

Information Item _____

Special Agent _____

Date _____